

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

96615-51 464775

STATE FILE NO. 12061

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. ANTHONY</u>				Length of stay in lb —		d. STREET (If outside, give location) ADDRESS <u>5016 THOLOZAN</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH N. — WILHELM</u>				4. DATE OF DEATH Month Day Year <u>12-14-57</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>12-13-1957</u>	
9. AGE (In years last birthday) <u>30</u>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>LOUIS F. WILHELM</u>				14. MOTHER'S MAIDEN NAME <u>SHIRLEY A. BIENSLICH</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No known) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>Donis F. Wilhelm 5016 Tholozan</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>anemia & marked respiratory difficulty</u> DUE TO (b) <u>BE extreme fragility (ascorbic)</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>7735</u>							INTERVAL BETWEEN ONSET AND DEATH <u>from Birth</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>None</u>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Birth 12/13/57 12:15am</u> to <u>12/14/57</u> and last saw her alive on <u>12/14/57</u> Death occurred at <u>12:45pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Impe Staur</u>				22b. ADDRESS <u>3804 Wilkington Ave</u>		22c. DATE SIGNED <u>12/16/57</u>	
23. BURIAL, CREMATION, or other disposal (Specify) <u>Burial</u>		23b. DATE <u>12-16-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, MO</u>	
24. FUNERAL DIRECTOR <u>Angermueller</u>		ADDRESS <u>3819 Grand Ave</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 16 57</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> S.P.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Not Embalmed
Geo. J. Hindermeuchle
Licensed Embalmer No. *76*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.